Number(a) Country (MM/DD/YYYY) Not Claimed Yea No

[Page 1 of 2]
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## **DECLARATION** — Utility or Design Patent Application

Direct all correspondence to: Customer Number: OR Correspondence address below  Name Joseph W. Berenato, III  Address Loack Spring Drive, Butte 240  City State  Country Telaphone 301-886-0807  Letherby declare that all statements meds herein of my own knowledge are true and that all atatements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful laise statements and hard are punishable by fine or imprisonment, or both, under 18 U.S.C. 1901 and that such willful false statements made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1901 and that such willful false statements may jeopardize the validity of the application or any patient laised thereon.  NAME OF SOLE OR PIRST INVENTOR:  Given Name (Signature WA Country Us State WA Country Us State  Country Us City State  Country Us State  Country Us State  Country Us State  Country Us State  Country City State  Country Conserving of a logic representative are being named on the supplementary speat(s) PTOSBURGA or OLE attended inventor.  Partitly Name (first and middle [if any])  Inventor's Signature  City State  Country Chizzenship  Date  City State  Country Chizzenship  Country Chizzenship  Date  City State  Country Chizzenship  Country Chizzenship  Country Chizzenship  City State  City State  Country Chizzenship  Country Chizzenship  City State  City State  Country Chizzenship  City Country Chizzenship  City State  City State  City State  Country Chizzenship  Country Chizzenship  City State  City State  City Country Chizzenship  City State  City State  City Country Chizzenship  City Country Chizzenship  City Country Chizzenship  City Country Country  City State  City Country State  City Country  Call Research Country  City Country  Chizenship  City Country													
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Semenate Maryland Maryland 20817  Country Telephone 31-896-8907  I hereby declare that all statements made herein of my own knowledge are true and thet all statements made herein of my own knowledge are true and thet all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C., 1001 and that auch willful false statements may jeopardize the validity of the application or any patient leaved thereon.  NAME OF SOLE OR FIRST INVENTOR:  Given Name (fig. anyl)  Inventor's Signature WA Us  Country Citzenship  Country Us  City Canner Vancourer WA Us  NAME OF SECOND INVENTOR:  Given Name (first and middle [if anyl))  Residence: City State  Country Us  Country Country Us  A petition has been filed for this unalgned inventor Given Name (first and middle [if anyl))  Residence: City State  Country Chizenship  Date  City State  Country Chizenship  Mailing Address  City State  Country Chizenship  City State  City State  Country Chizenship  City Country Chizenship  City State  City State  Country Chizenship	Liniak, Berenato & White, LLO											···	
Country U8  Telephone 301-698-0800  Thereby declare that all statements made herein of my own knowledge are true and that all statements made on Information and befief are believed to be true; and further that these statements were made with the knowledge that willful faise statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that auch willful faise statements may jeopardize the validity of the application or any patent issued thereon.  NAME OF SOLE OR PIRST INVENTOR:  A patition has been filed for this unsigned inventor  Given Name (Family Name (Family Name (Family Name (Family Name) (Family Name (Family Name) (F	City				State	,				ZIP			
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